



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**School District Claim for  
State Reimbursement for  
Individual and Isolated Transportation**

State ☐  
District ☐  
County ☐

<b>DUE DATES:</b>	<b>First Semester</b>	<b>Second Semester</b>
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent
<b>COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:</b>		

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

**CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County:			District:		District Level:
<b>35 Petroleum</b>			<b>0642 Winnett K-12 Schools</b>		<b>High School</b>
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
1	1154	No	WOODFORD, WYNITA R	1.75	_____
1	1155	No	KING, GARI R	2.50	_____
1	1156	No	MANUEL, BONNIE	1.25	_____
1	1157	No	CHAMBERLIN, GERRI A	5.00	_____
1	1158	No	PHILLIPS, KIMBERLY	0.50	_____
1	1159	No	KERRICK, JOLIE L	15.00	_____
1	1160	No	KERRICK, JOLIE L	6.75	_____
1	1161	No	BROWNING, SARAH	1.50	_____
1	1162	No	NUNN, JENNIFER	6.75	_____
1	1163	No	NUNN, MEGAN	3.38	_____
1	1164	No	BROWNING, KAREN	16.50	_____